



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000112130

2. Name of Corporation Friends of the U.S.S. Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1150 DOUGLAS PIKE

City or Town: SMITHFIELD

State: RI Zip: 02917 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE TRANSPORTATION AND HOSPITALITY FOR THE CAPTAINS AND CREWS OF THE USS RHODE ISLAND WHEN THEY VISIT RHODE ISLAND.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KATI C MACHTLEY	1150 DOUGLAS PIKE SMITHFIELD, RI 02917- USA
DIRECTOR	DON ESTES	66 BLISS ROAD NEWPORT, RI 02840 USA

DIRECTOR	DENNIS MCCOY RADM	47 AYRAULT ST. NEWPORT, RI 02840 US
DIRECTOR	BARBARA ESTES	66 BLISS ROAD NEWPORT, RI 02840 US
DIRECTOR	RONALD K. MACHTLEY	1150 DOUGLAS PIKE SMITHFIELD, RI 02917 US
DIRECTOR	CINDY JILLING	60 CORNELIUS DRIVE PORTSMOUTH, RI 02917 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATI C. MACHTLEY 1150 DOUGLAS PIKE SMITHFIELD , RI 02917

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of May, 2015 at 8:18:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KATI MACHTLEY
Signature of Authorized Person

Form No. 631
Revised 09/07